

ACCOMMODATION AND EXEMPTION FORM
Elementary English Language Arts Assessment

Region			School		

School: _____ Phone: _____

Principal's Name: _____ Email: _____

Student's Name: _____ Teacher's Name: _____

English Language Arts: Prescribed Prescribed Modified Alternate Course

Pre-requisite Program _____

FULL EXEMPTION	REQUIREMENT
<input type="checkbox"/> Alternate Functional Curriculum	A copy of the alternate curriculum must be on file at the school.
<input type="checkbox"/> Special Circumstances	Unusual circumstances such as illness, sudden bereavement, etc.
PARTIAL EXEMPTION	REQUIREMENT
<input type="checkbox"/> Exemption from Reading	Student is reading below Instructional Level Q (Reading Record on file).
<input type="checkbox"/> Exemption from Writing	Student is writing at an early primary level (Writing Sample on file).
ACCOMODATIONS	REQUIREMENT
<input type="checkbox"/> Alternate Text Format	Accommodation is on file in Student's IEP or Record of Accommodations.
<input type="checkbox"/> Assistive Technology	
<input type="checkbox"/> Verbatim Scribing (Reading Sections Only)	
<input type="checkbox"/> Transcribing (Reading Sections Only)	
<input type="checkbox"/> Alternate Setting/Quiet Space	
<input type="checkbox"/> Supervised Breaks	

AUTHORIZATION: This form must be completed by the parent/guardian, teacher, and principal and placed in the student's cumulative file by May 1.

 Parent/Guardian Signature

 Teacher or Principal Signature

OR: A parent may give authorization/consent by email or phone conversation.

 Date of Consent

 Teacher or Principal Signature